

2006

CARLISLE INDIAN INDUSTRIAL SCHOOL  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3071	ENGLISH NAME Andrew Arquette	AGENCY	NATION St. Regis, N.Y.				
BAND	INDIAN NAME	HOME ADDRESS Mrs. Nancy Arquette, Logansburg, N.Y.					
PARENTS LIVING OR DEAD	BLOOD	AGE	HIGHTH	WEIGHT	FORCED DSP.	FORCED EXTS.	SEX.
FATHER: Dead	MOTHER: Living	Full	12	4-8 $\frac{1}{4}$	80	32	29 $\frac{1}{2}$ M
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE				
Sept. 12, 1906	Five 5 years	7-2-08	Too Young.				
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Months in school before Carlisle, .....

Grade entered at Carlisle, ... 1st. ....

Grade at date of Discharge, ... 1st. ....

Trade or Industry, .....

Church, ... Catholic .....

Brought here by Peter Cole

2006

# APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child... *Andrew Arquette* ..... Indian name is  
*Ka na ste ti; Ka na Arquette*  
 Name of Mother... *Mrs. Nancy Arquette* ..... Name of Father... *Deceased*  
 Name of Mother... *Mrs. Nancy Arquette* ..... Tribe... *Mohawk*  
 Reservation... *S. N. Regis* ..... Degree of Indian blood of child... *full*  
 Is either parent white, if so, which?... *no* ..... Are either or both allotted?.....  
 On what reservation?..... Age of child... *12* ..... What  
 reservation school attended?..... How long?.....  
 If ever enrolled in a non-reservation school, name of school... *Malone* .....  
 When?..... *1906* ..... How long?... *six months* ..... If ever  
 dismissed from a school, where?.....; when?.....  
 and for what reason?.....  
 (Signed.)... *Peter Cole*

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or other person cognizant of the facts.

## CONSENT BLANK

I, *Mrs. Nancy Arquette* ..... parent, guardian or next of kin of the  
 above-named child, *Andrew Arquette*, do hereby consent to *him*  
 transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.  
 Dated at... *Hogansburg* ..... on the... *9th*  
 day of... *September* ..... 190*6*.  
 (Signed.)... *Mrs. Nancy Arquette* .....  
 (Parent, Guardian or next of kin.)  
*Witness mark - Peter Cole*

## PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named *Andrew Arquette*  
 ..... and have found *him* ..... physically sound, and recommend  
 the transfer so far as *his* health conditions are concerned. Dated at... *Hogansburg N.Y.*  
 on the... *ninth* ..... day of... *September* ..... 190*6*.  
 (Signed.)... *Edwin G. Klein, M.D.*

## AGENT'S OR SUPERINTENDENT'S INDORSEMENT

..... 190.....  
 The statements concerning the above-named..... are be-  
 lieved by me to be correct, and I hereby recommend the transfer.  
 (Signed.).....  
 U. S. Indian Agent or Superintendent.

NOTE—Age limits, twelve to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian preferably full Indian. Special cases beyond the age limit can be given consideration. *Brought here by Peter Cole*

*Made card S.M.*

REPORT AFTER LEAVING CARLISLE

2006

Andrew Arquette

NAME AT CARLISLE

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
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1910